

# Newborn Screening Program Order Form

Please Print and Fill Out the Following Information Completely.

Please See the Unit Quantities and Maximums and Enter Your Requirements Accordingly.

**Incomplete Information Will Cause a Delay in Processing Your Order.**

Date of Request	Requestor's Area Code & Telephone Number	Requestor's Area Code and Fax Number
Organization or Agency		
Number & Street Address		Room No./Floor
City	State	Zip Code
Ship to the Attention of (Name)		Department
Date Order Received @ NBS	Date Order Sent	By

**These Items will be shipped directly from Standard Register.**

Item Number	Brochure or Item Name	No per Unit Maximums	Unit	Units Ordered	Units Shipped
NBS-PB	Newborn Screening: A Guide for Parents (English/Spanish)	25/Pkg Max: 20 Pkgs.	Pkg.		
NBHS-EHDI	Universal Newborn Hearing Screening (English/Spanish) for Hospitals	100/Pkgs. Max: 10 Pkgs.	Pkg.		
NBS-NHS	Newborn Hearing Screening Labels (for back of Lifetime Immunization Record)	250/Roll Max: 10 Rolls	Roll		

**These Items will be Shipped from Newborn Screening.**

	Your Baby's Hearing (English) for Doctors/Clinics	100/Pkg Max: 10 Pkgs.	Pkg.		
	Your Baby's Hearing (Spanish) for Doctors/Clinics	100/Pkg Max: 10 Pkgs.	Pkg.		
	Arizona Pediatric Audiology Guidelines	Max: 2	Ea.		
	Arizona Hospitals' Universal Newborn Hearing Screening Guidelines	Max: 2	Ea.		

**You May Fax or Mail Your Order to the Newborn Screening Program:**

FAX YOUR ORDER TO:	MAIL YOUR ORDER TO:
(602) 364-1495	<b>Arizona Department of Health Services</b> <b>Attn: Newborn Screening Program</b> <b>150 N. 18th Ave., Suite 320</b> <b>Phoenix, AZ 85007-3242</b>
If You Have Any Questions, Please Call (602) 364-1409 or 1-800-548-8381 (outside Phoenix area)	
Please Allow Two (2) Weeks for Your Order to be Processed and Shipped	